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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER: EDGEMONT HERALD TRIBUNE		2. DATE: 10/7/10
3. FREQUENCY OF ISSUE: Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 51	3B. ANNUAL SUBSCRIPTION PRICE $30 / 38
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): PO Box 660, 410 2nd Ave, Edgemont, Fall River, SD 57735		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): PO Box 660 410 2nd Ave, Edgemont, Fall River, SD 57735		
6. FULL NAME OF PUBLISHER: Anne Cassens		

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Cassens Companies, Inc	PO Box 660 Edgemont, SD 57735

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	850	850
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	155	155
2. Mail Subscription (Paid and or requested)	606	606
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	761	761
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	20	20
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	801	801
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	49	49
2. Return from News Agents	20	20
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	850	850

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Anne Cassens — (Signature)

Publisher — (Title)

State of South Dakota)
§
County of Fall River)

(Seal)

Sworn to before me this 7 day of October, 2010

Cynthia L Turner
Notary Public

My commission expires: February 28, 2013

SEAL CYNTHIA L. TURNER NOTARY PUBLIC State of South Dakota SEAL

Form: SOS REC 051 7/2004

ANNE CASSENS, PO BOX 660, EDGEMONT, SD 57735

SHEENA CASSENS DOUGLASS, 753 THORPE DR, SPRING CREEK, NV 89815